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An inaugural dissertation on dysentery

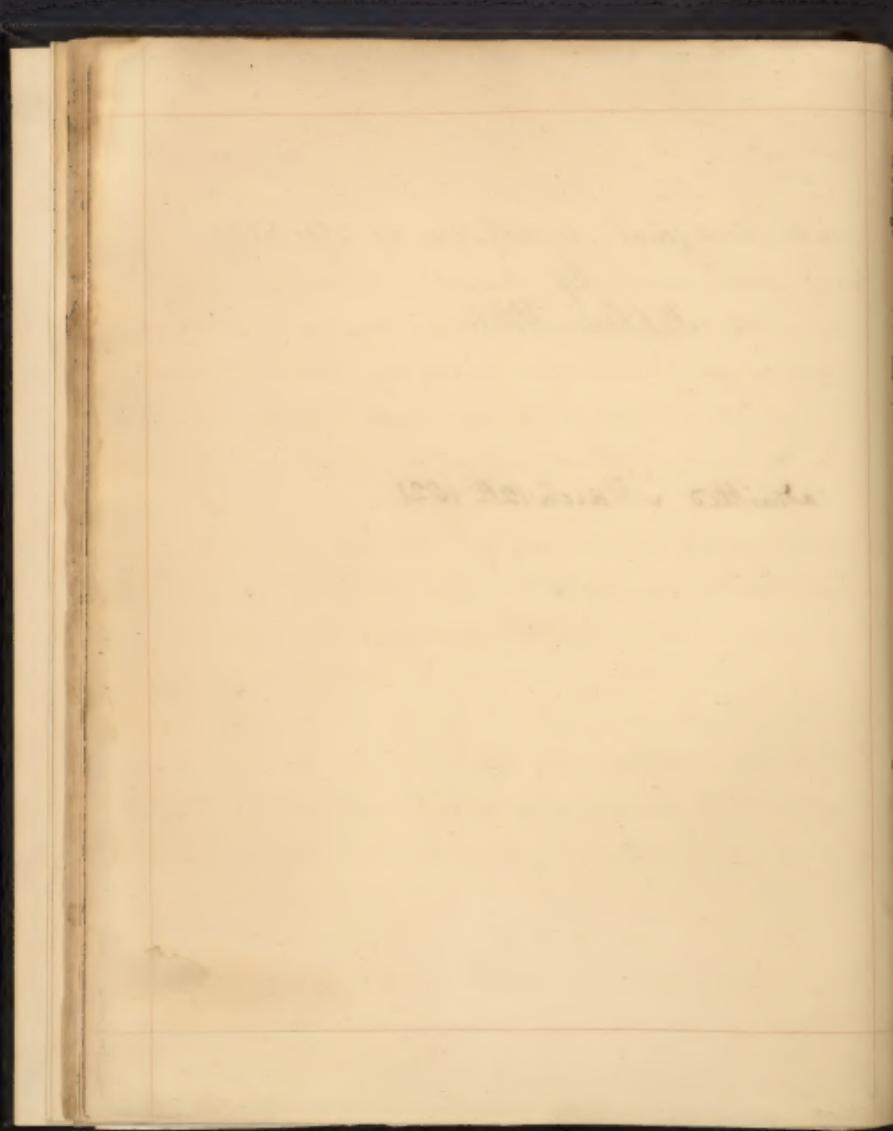
by

Stephen White

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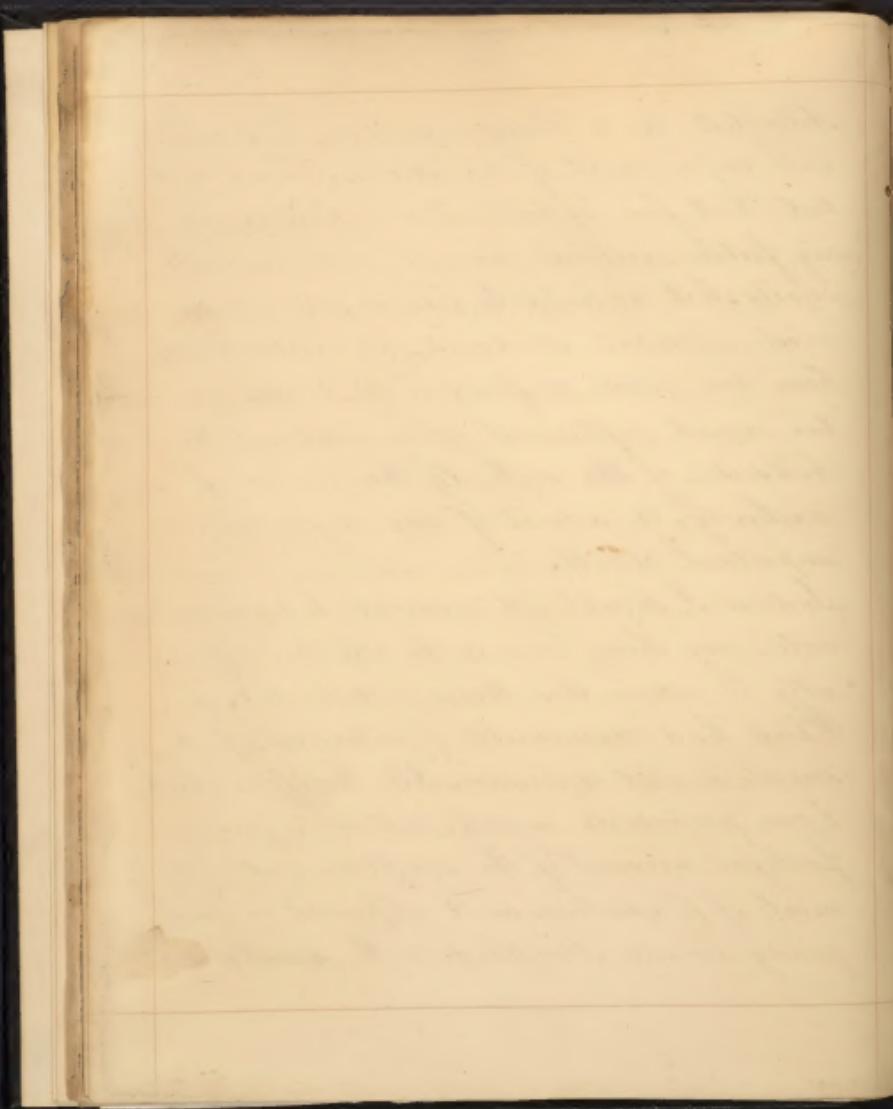
Mr Johnson

admitted March 12<sup>th</sup> 1821



Astivated by a lively interest in the success  
and improvement of our science, I have omitted  
but few opportunities of contributing  
my feeble exertions towards such desirable  
objects: but unhappily for me, as well as  
most medical students, my exertions have  
been too much confined to the closet, and  
too much influenced when made at the  
bedside of the sick by the tenour of  
authority, to admit of any very novel or  
important result.

Indeed I should not calculate to communi-  
cate any thing new to the illustrious fac-  
ulty to whom this thesis is dedicated, if  
I had had considerable opportunities of ob-  
servation and experience. All, therefore, which  
I can propose to myself, will be to give a  
faithful account of the symptoms and treat-  
ment of Dysentery, as it appeared in Mont-  
gomery county Maryland in the months of



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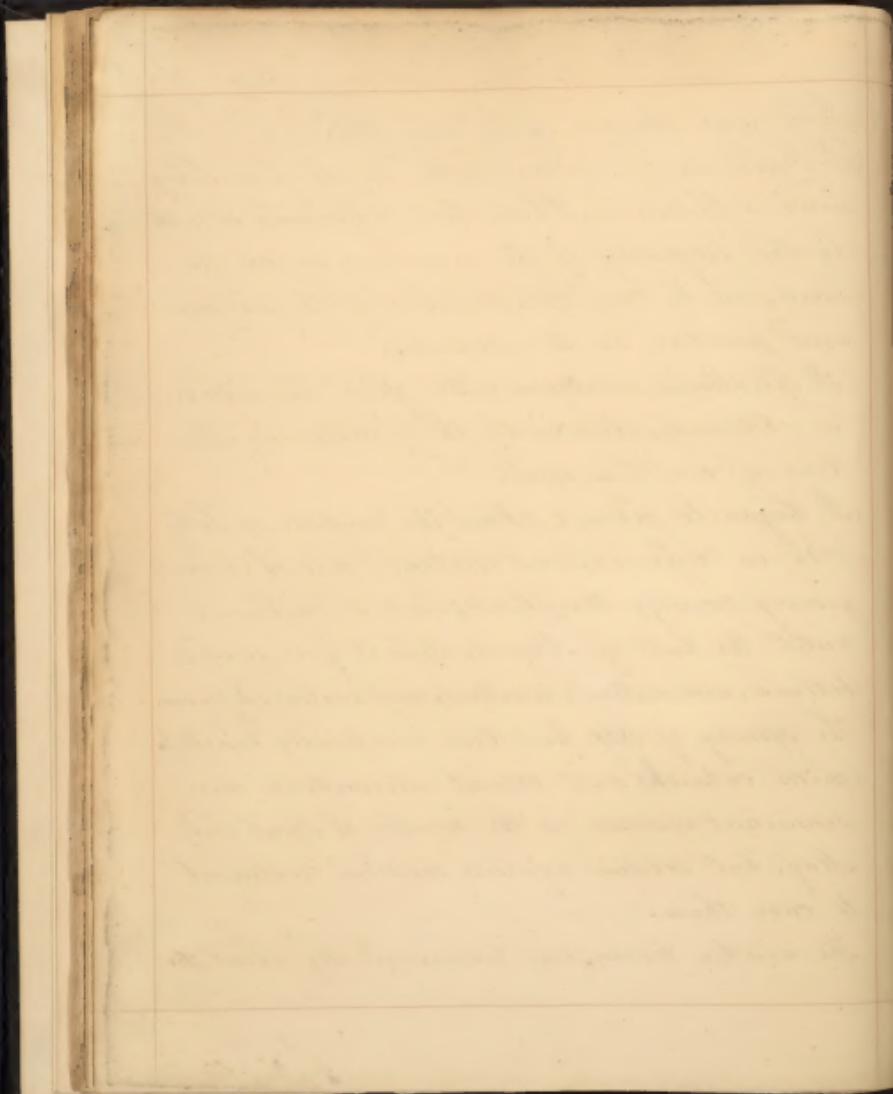
July and August of the year 1820.

In assuming Dysentery as the subject of my Inaugural dissertation, I have been influenced as well by the frequency of its occurrence in our climate, as by my opportunities of observation, and practice in the disease.

It oftentimes moreover, either from its violence or obstinacy, demands the particular attention of our profession.

It began to prevail about the middle of July 1820 in different, and distant parts of Montgomery county, Maryland; and so continued until the last of August, when it gave way to bilious, intermittent, remittent, and continued fevers. The spring of 1820 had been unusually healthy, mild catarrhs and annual intermissions were somewhat common in the months of April and May; but seldom required medical treatment to cure them.

The weather became very warm, and dry about the



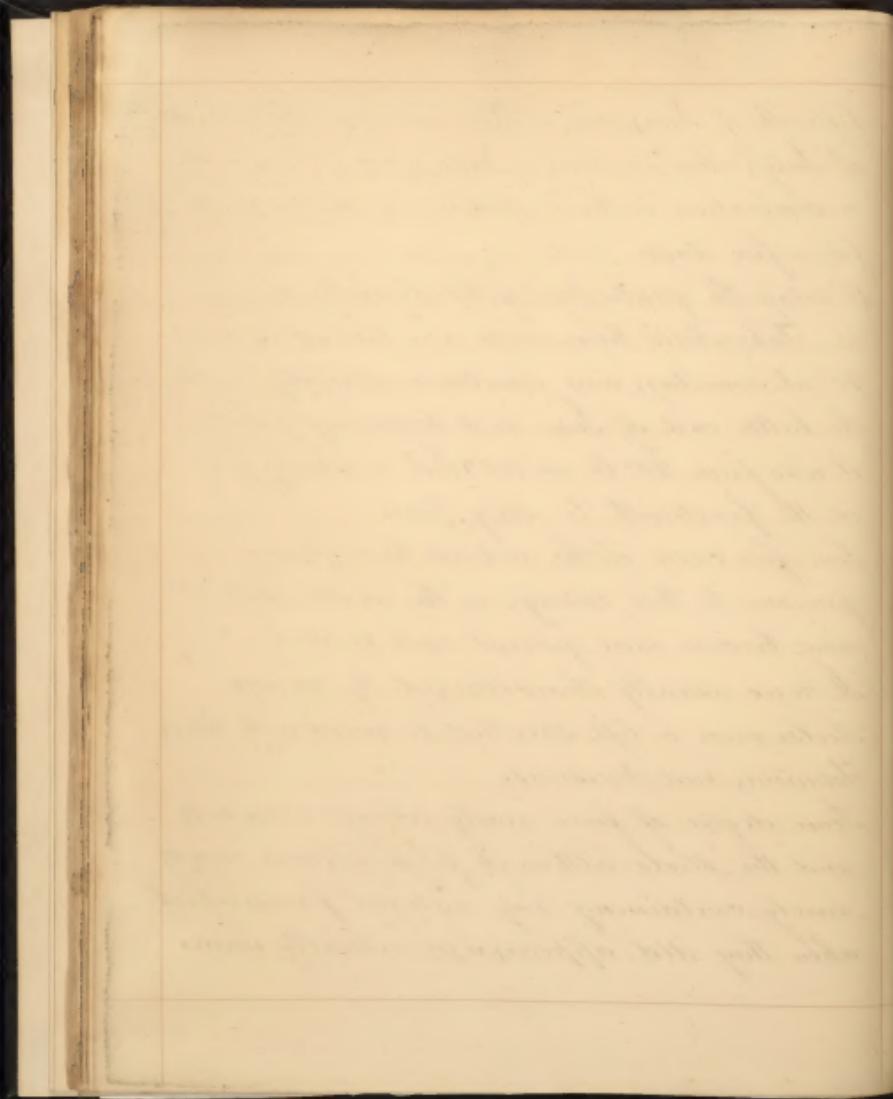
fifteenth of June, and so remained until the fourteenth of July, when we had a heavy fall of rain with a diminution in the temperature of the atmosphere for a few days.

During the greater part of this time, the mercury in Takronheil's Thermometer was between  $85^{\circ}$  and  $90^{\circ}$  at noon day; and sometimes, especially about the latter end of June and beginning of July, it was from  $90^{\circ}$  to an  $100^{\circ}$ ; but suddenly fell on the fourteenth to sixty four.

Some few cases of the disease had occurred previous to this change in the weather, but it now became more general and violent.

It was usually characterized by mucous stools, more or less streaked or mixed with bloody Semina, and tenesmus.

Some degree of fever nearly always attended, and the stools although frequent, were small, rarely containing any natural faces, which when they did appear, were usually under



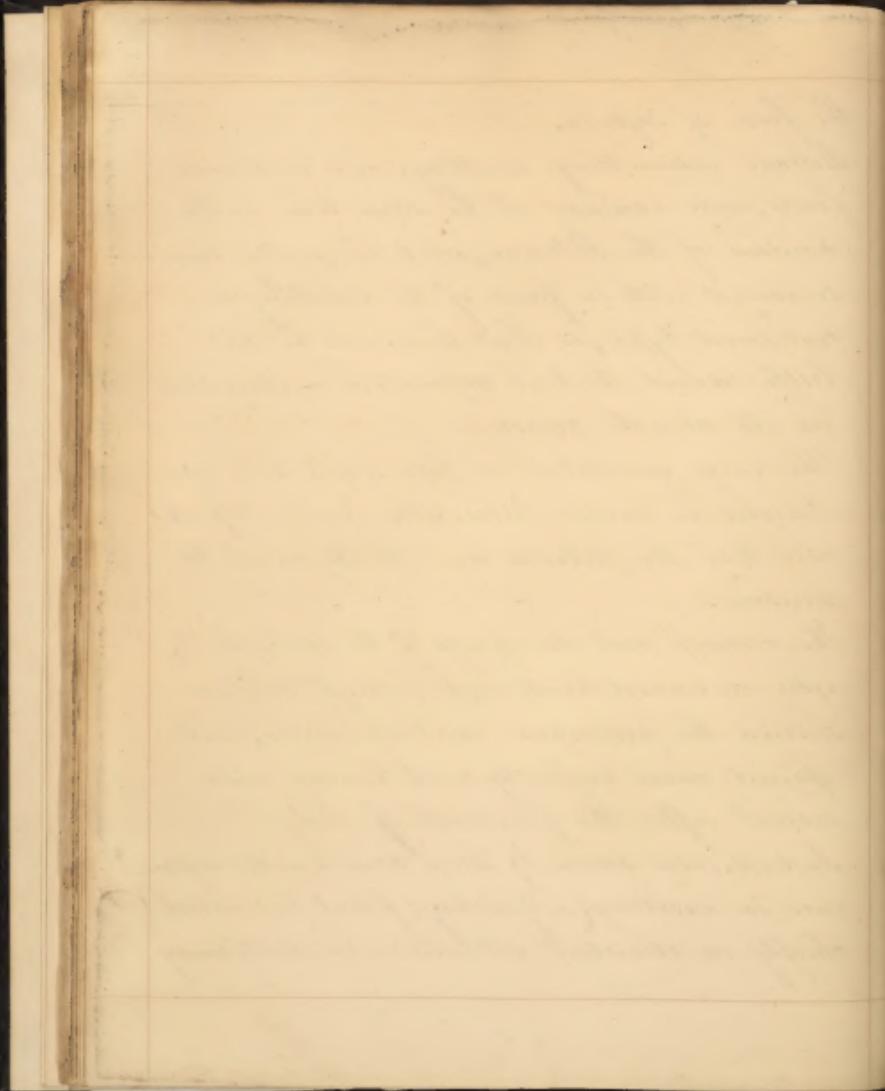
the form of seybalia.

Bilious intermitting, remitting, and continued fevers, were common at the same time on the borders of the Potowmack, while Dysentery was combined with a fever of the remitting or continued type; so that there can be but little doubt that it depended on Miasma as its remote cause.

The large quantities of bile which were discharged in many cases, also render it probable that the disease was chiefly owing to miasma.

The coolness and dampness of the atmosphere, after continued heat and drought were considered the principal exciting causes, as it spread more rapidly and became more violent after the fourteenth of July.

Indeed, cold seems to have considerable influence in exciting Dysentery; for it prevailed chiefly in elevated situations in Montgomery



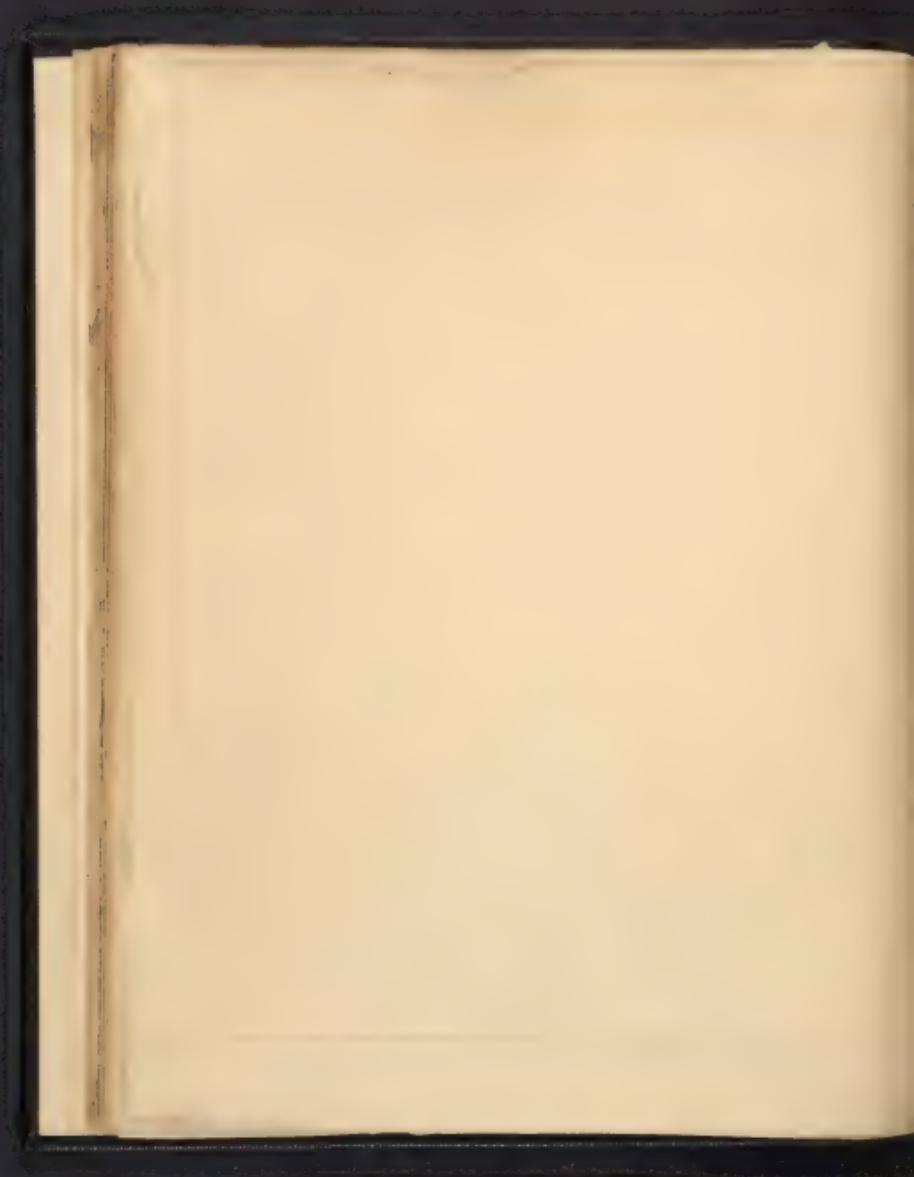
country where the air was more pure and cool.  
Typhus more easily occurs in town than in the  
country and when it does it is mostly in the  
seaborts the air here also being more cool and free  
Sleeping in the night air instead of a  
dark ingesta appears to have been the exi-  
tient cause of some cases.

The attack of Typhus was sometimes pre-  
ceded by anorexia, constipation, flatulency,  
sickness at the stomach, and slight vomiting;  
and came on with chills succeeded by heat  
in the skin.

These symptoms were generally the forerunners  
of the typhus, and increased proportionately to  
heat; but it sometimes happened that the le-  
ast affection was perceived first.

In the more violent forms, the disease com-  
es on with symptoms of cholera.

The stools varied in the progress of the disease  
both in colour and consistence, being some-



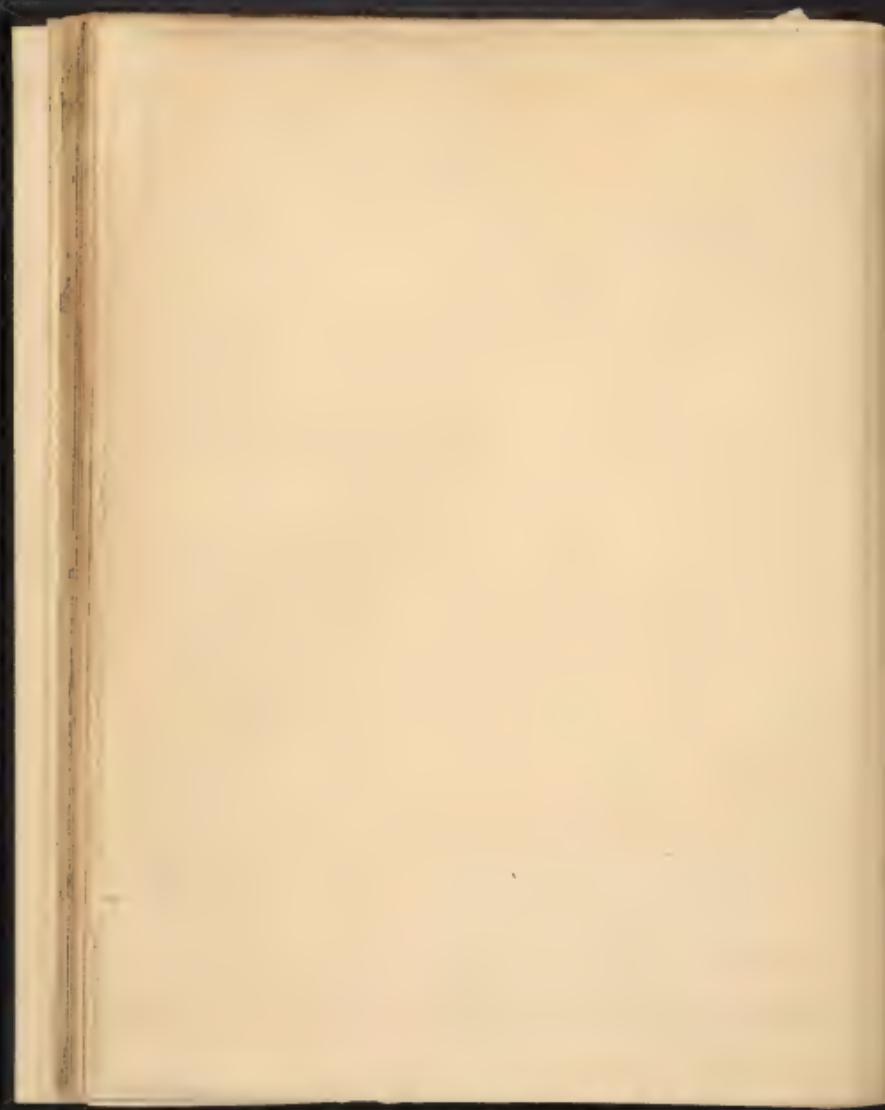
times composed of sticky mucus, streaked with blood, and at others, of a watery humour resembling tears or tears, and of a very foetid smell.

Sometimes pure blood was excreted; now and then lumps of coagulated mucus resembling bits of soap or cheese; and in two cases, which had been neglected in the commencement, a quantity of purulent matter.

While the stools varied in this way, we seldom saw any natural faces among them; but when they did appear they were in small hardened lumps, which, when discharged by any means were seen to afford considerable relief from Tormenta and Tenesmus.

Prolapsus ani was produced in some cases by the violent and unceasing efforts of the patients to discharge the contents of the rectum.

Tenesmus was the most painful and distressing



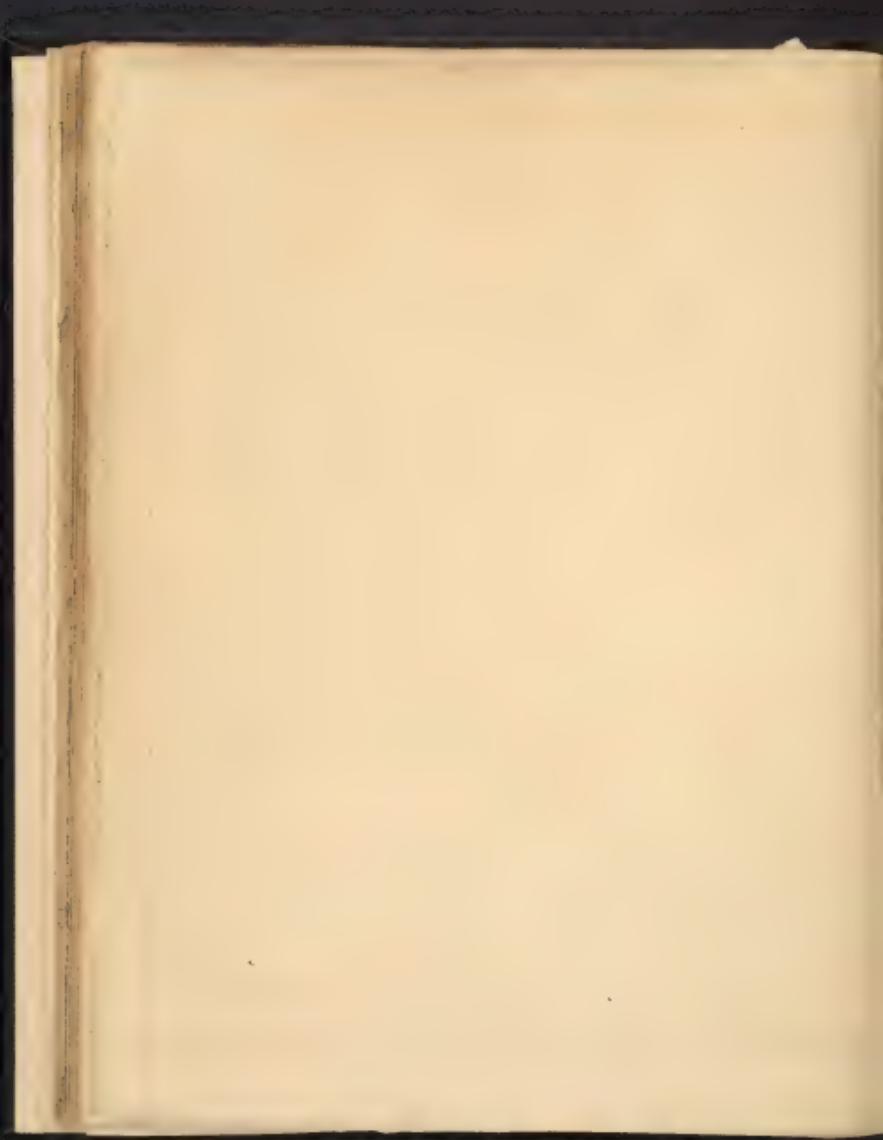
Symptom, in many cases there being an almost incipient inclination to go to stool without the ability to discharge any thing, except a little tenacious mucus, or a small quantity of blood. More or less fever generally attended the symptom: we have observed, throughout the whole course of the disease, when it was inclined to become fatal, and was either of the remittent or continued type, accompanied by the synochia or synchia stolid of pulse.

Sometimes the fever disappears while the dysenteric symptoms continue still longer.

This characterized, the disease manifested an entire, pernicious, according to the mildness or severity of the peculiar dysenteric symptoms, or the degree of pyrexia which attended.

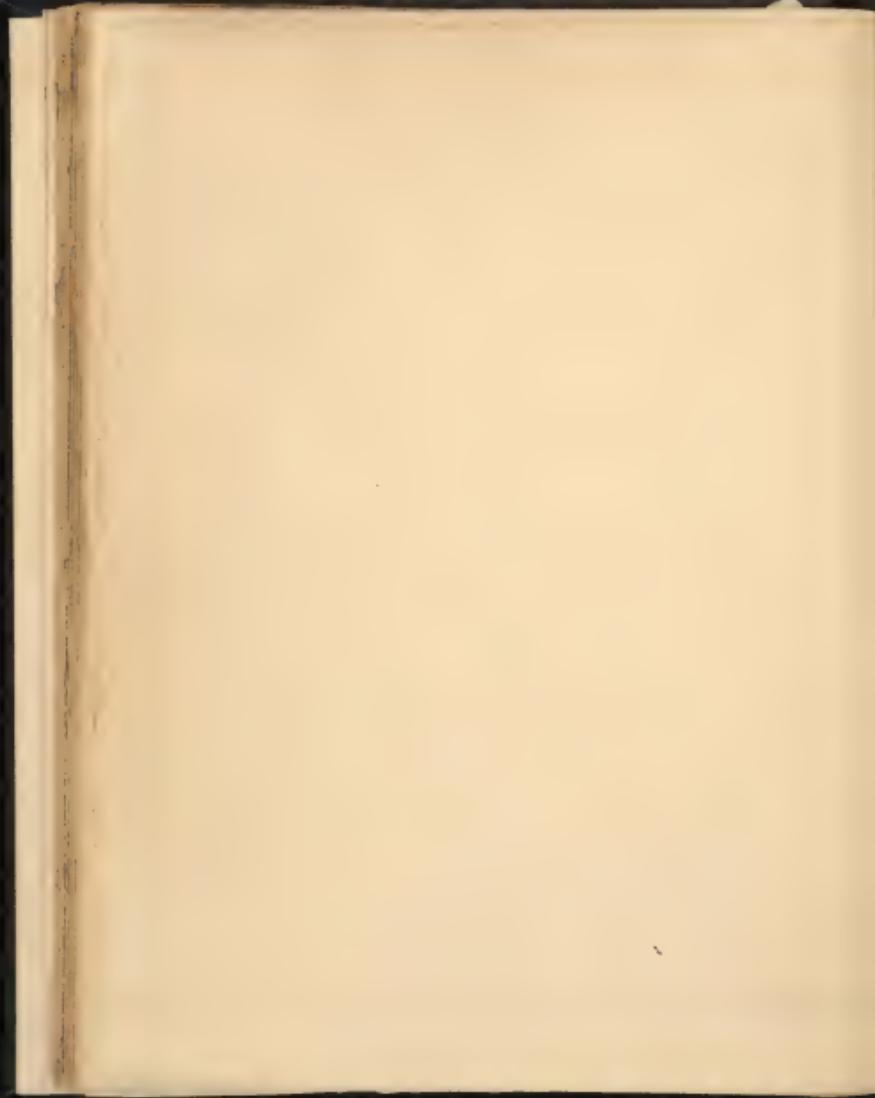
I found the disease more obstinate and fatal in children and the aged, than in youth and the middle aged.

I will quote two cases which terminated fatally.



in a few days. They commenced with severe torments  
and convulsions, intolerable nausea, or as the patients  
expressed it "sickness at the heart" vomiting of bil-  
ious matter, intense heat and thirst, frequent pulse  
succceeded quickly by prostration of strength, shivering  
and hiccups, which presaged the harbinger of death.  
In a few instances where the symptoms were more  
moderate, the disease was protracted to a consider-  
able length of time, exhibiting great emaciation  
and terminating at length by a gentle and  
diffused death-throes, abatement of fever thirst and  
dryings, and a gradual change in the colour and  
consistence of the skin.

Suspect torments, intense heat, and thirst fre-  
quent but soft and comfortable pulse, no pro-  
nounced prostration or strength, anxiety, languor, & the sub-  
sidence of suspicion at the forewarning febrile and in-  
voluntary discharges, cold clammy sweat, shiver-  
ing and hiccups, always presaged imminent death  
But after a gentle and protracted course slow



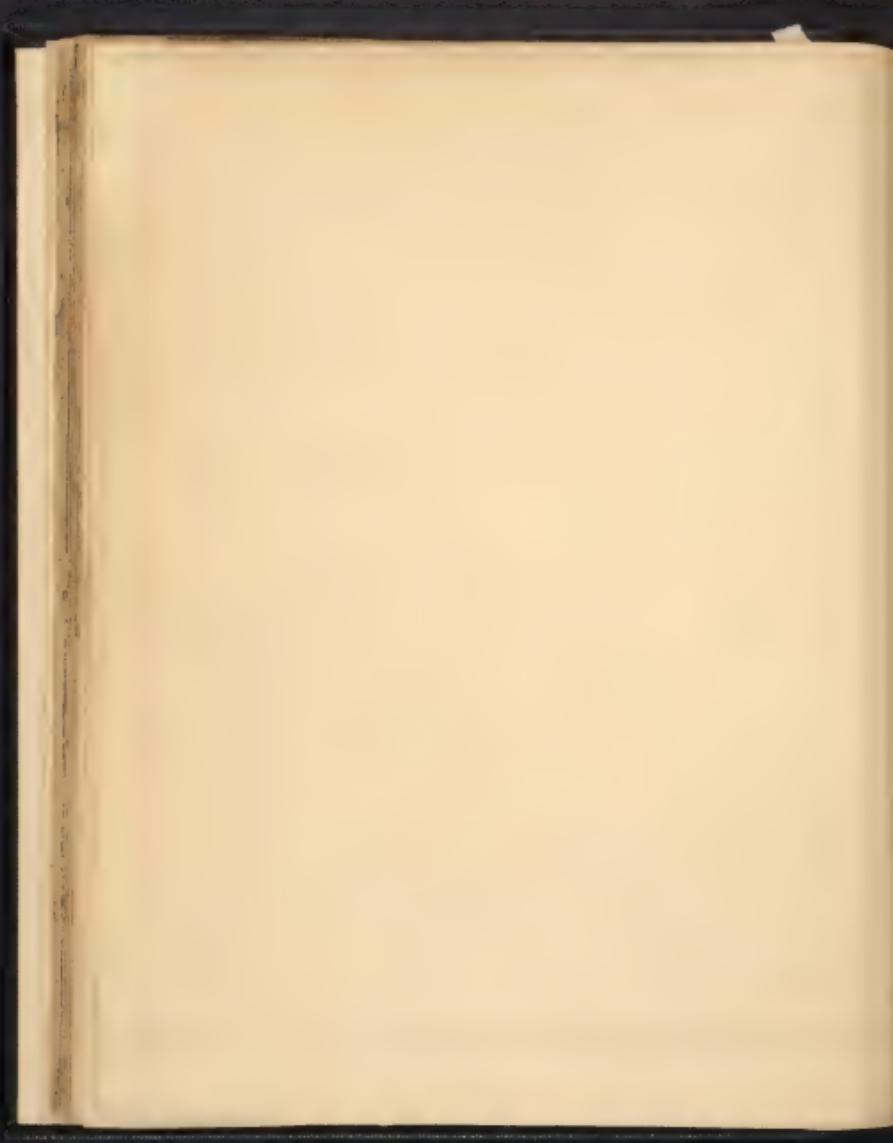
both out, when the person was mild, and the stool  
became more natural along with an abatement  
of tenesmus and tenesmus, I ventured to pronounce  
a favorable prognosis.

My view of the pathology of the disease was now  
embraced or corrected by dissection, on account of  
the propositus of the country people.

I considered it a felicite disease with topical in-  
flammation of the lower intestines, or in other  
words fibrous fever exciting its violence on  
the bowels; and reduced the tension and pain of  
the colon to inflammation of that intestine.

The elevation of the face and gurgling were attributed  
to a spasm of the colon impeding its peristaltic  
motion, and the want of due or healthy action on  
the surface to the felicite condition.

The indications of cure which I attempted to gather  
in the treatment were, first, to remove inflamma-  
tion with the spasm and morbid irritability  
attending it, to procure a free discharge of



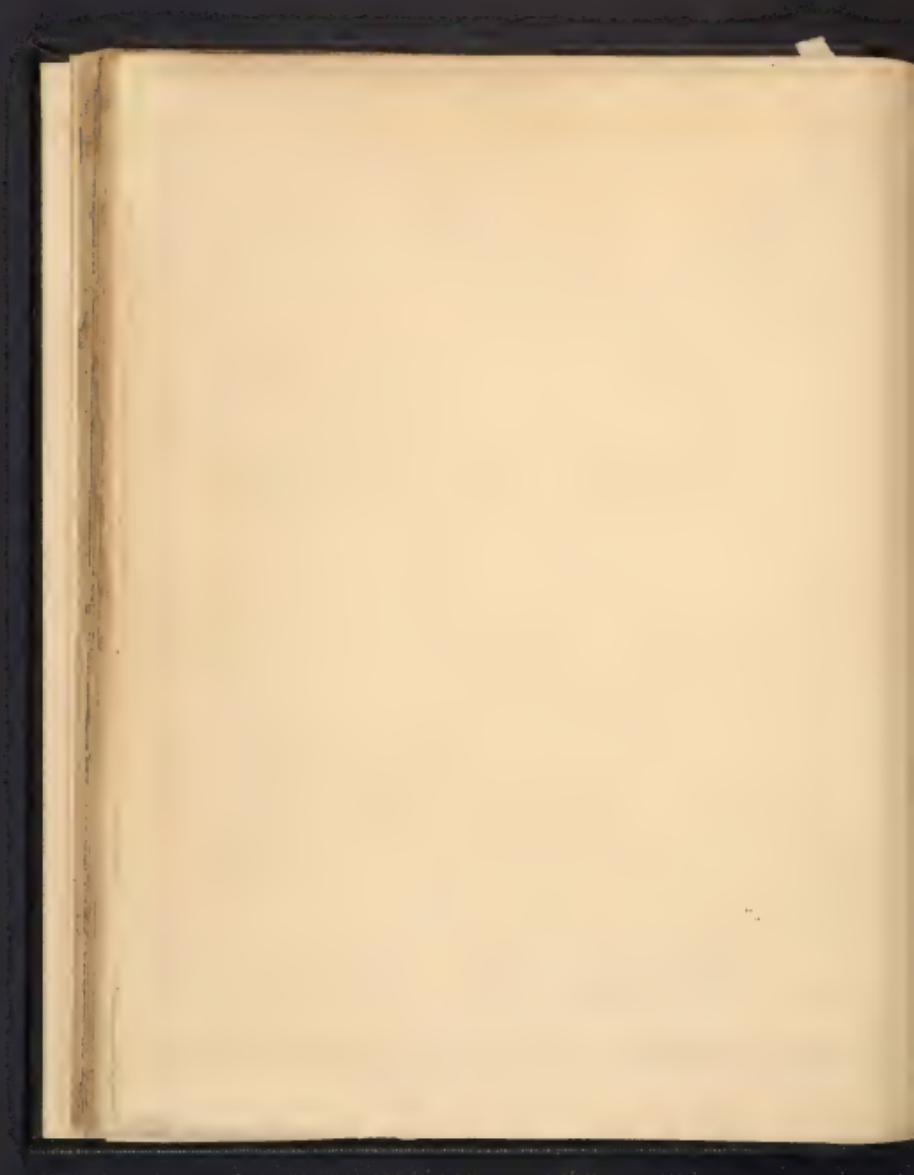
natural stools, and to restore the healthy action to  
the system.

The color of urine generally followed the judgment  
of the primary indications.

When I was called to visit a patient in the acute  
stage of dysentery, the inflammatory symptoms run-  
ning high, with the patient of a hot habit and strong  
and even independent of the latter condition,  
I generally delinected from sixteen to twenty ounces  
of blood, and repeated the operation four and  
five times on some cases.

I witnessed several cases which I am almost sure  
put on alarming symptoms from the neglect of  
this remedy. The great evacuations, prostration and  
discharges of mucus per anum, which appeared,  
were owing to the high excitement and in-  
flammation which preceded, and that should  
have been reduced by bleeding.

Bleeding, under these circumstances, relaxes  
the spasm of the colon, as well as that of the

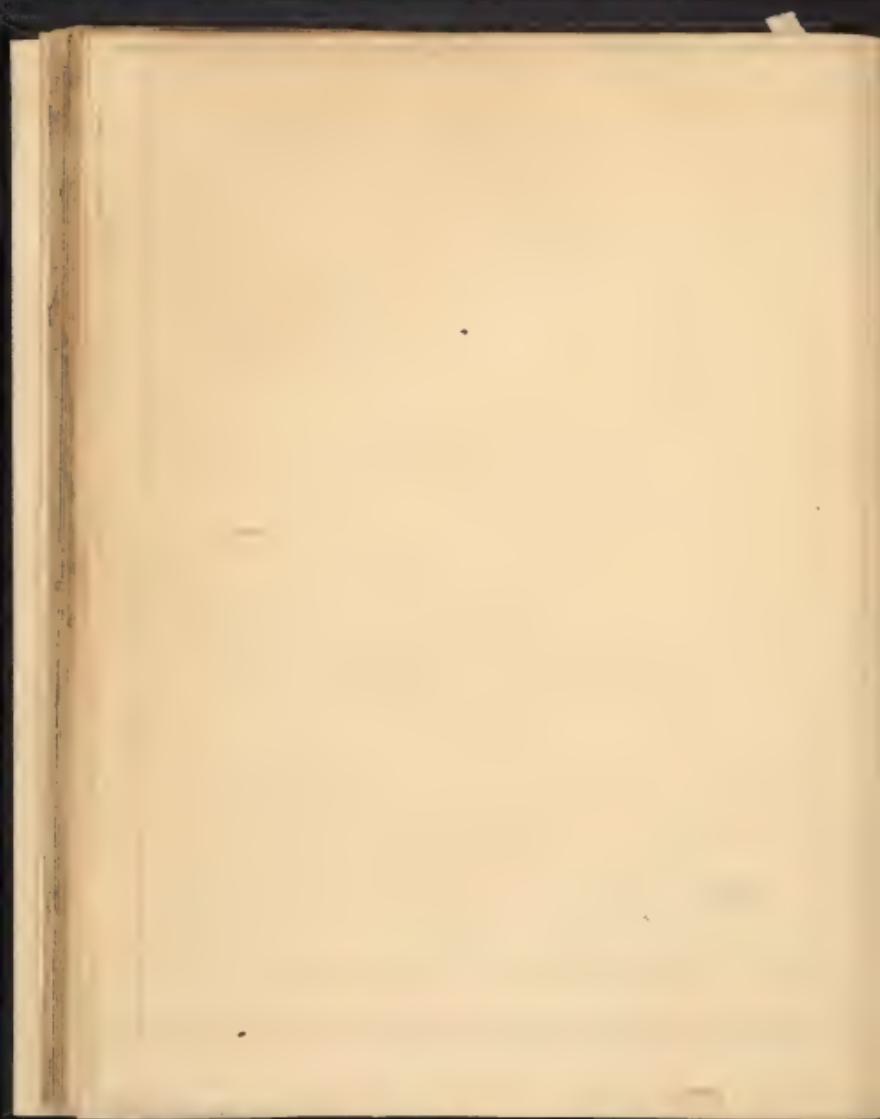


dry and hot skin, reduces inflammation more  
effectually than any other remedy and thereby  
increases susceptibility to our other remedial im-  
pressions. In the next place, I administered an  
active emetic, composed of from three to five  
grains of carbonized antimony, to from fifteen  
to twenty five of ipecacuanha.

The emetic was particularly demanded by the  
bilious cathartes which was so constantly blend-  
ed with the disease.

It eliminated like or other offending matter  
from the stomach, purged so to speak the he-  
patic system, and consequently relieved in re-  
solving the spasms of the colon and surface.  
I most endeavoured to procure a discharge of  
natural stools by purges of calomel alone,  
or combined with rhubarb, aided if tardy  
in operating, by large doses of castor oil,  
or sulphate of magnesia.

If the cathartes given in a few hours after



The operation of the purgative, is always effected  
more speedily and effectually.

I generally gave calomel in doses of from twelve  
to twenty grains, combined sometimes with twenty  
five or thirty grains of rhubarb.

A considerable abatement of griping and propensity  
to go to stool generally succeeded the operation  
of the calomel; but its effects were not merely con-  
fined to the evacuation of the alimentary canal;  
it did much more by enlauaging the engorged  
and inflamed vessels, it lessened inflammation,  
removed congestion in the liver, restored a healthy  
secretion to it, and reduced hepatic excitement.

In some instances, I found it exceedingly difficult  
to induce effuent purging by cathartics, especially  
when there were symptoms of colic. Here I had  
recourse to repeated doses of castor oil, fomentations  
to the abdomen, of hot sitz, leeches, and, or warm-  
water, and injections of a solution of tinctured  
antimony with success. It was generally nece-



were, & given three or four times with intervals  
between, we could easily supersede it with tinctures  
or saline purgatives.

After inflammation and fibrile excitement were  
nearly overcome by the preceding measures, the  
bowels were kept in a soluble condition by neutral  
salts and castor oil. Specacuanhazin doses of  
two or three quins, in the form of bolus, also  
contributed to the same effect.

It determined to the surface, operated gently  
on the bowels, and suspended the griping and  
straining, like a charm in some cases.

This last remedy, along with a root of the fanua  
tree, and a drink of an infusion of the bark  
of the *Alnus nitens*, succeeded in completing the  
cure of many; but when the disease persisted  
with obstinacy after the prominent symptoms  
were mitigated, it became necessary to combine  
it with the specacuanhazin. In the former  
recommended by Dr. Chapman it was genera-



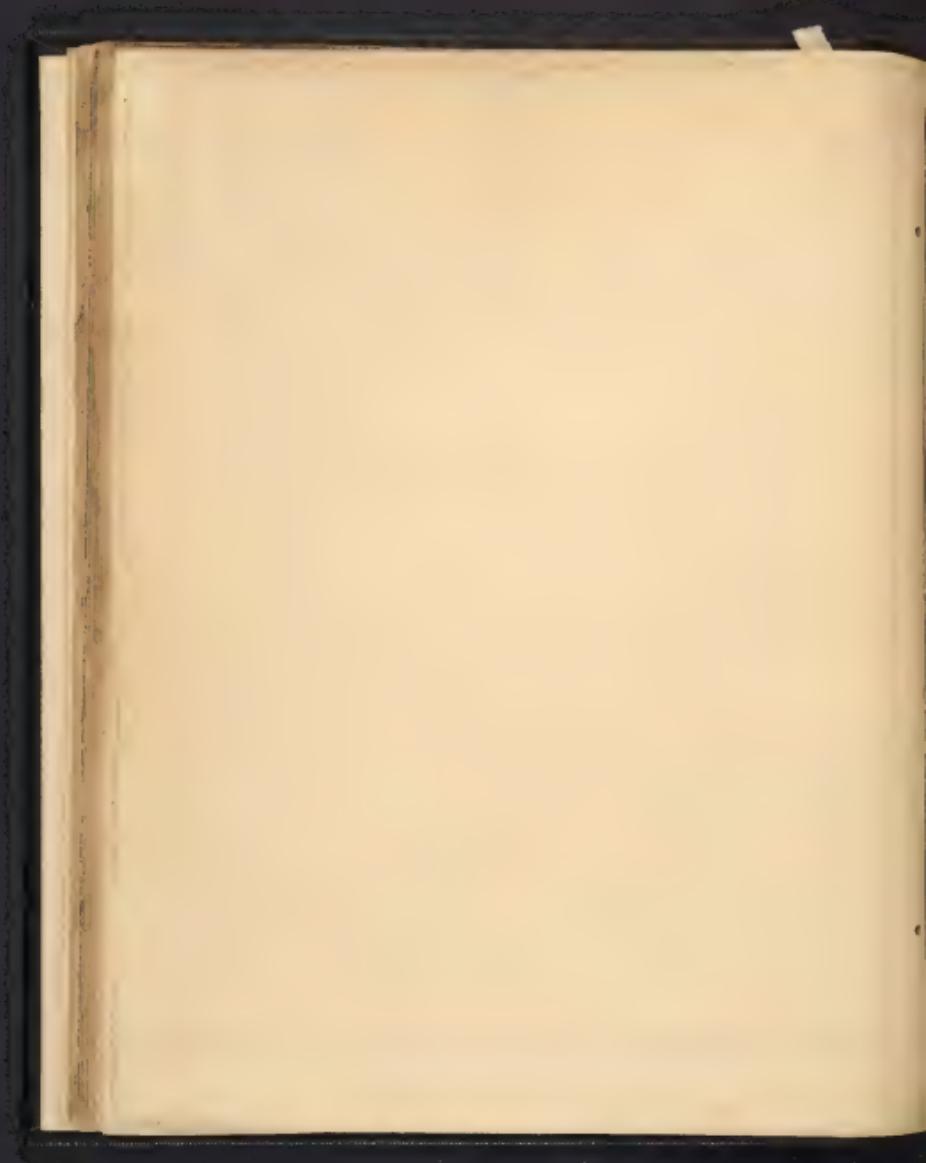
ally found to answer best. It is a combination  
of opium, camphr., and specuanha as follows  
one of the pills was given every R. Gram. Op. gr. iv  
two or three hours according to Hyd. Subm. gr. xxvi  
circumstances.

Pills. Specac. gr. viii

These compound interest not under half a Lfth. pill No. viii  
for, applied moderately on the bowels, and  
relaxed the surface. The patient oftentimes expe-  
rienced great ease, after taking them six or  
eight hours, and fell into a comfortable and  
refreshing sleep.

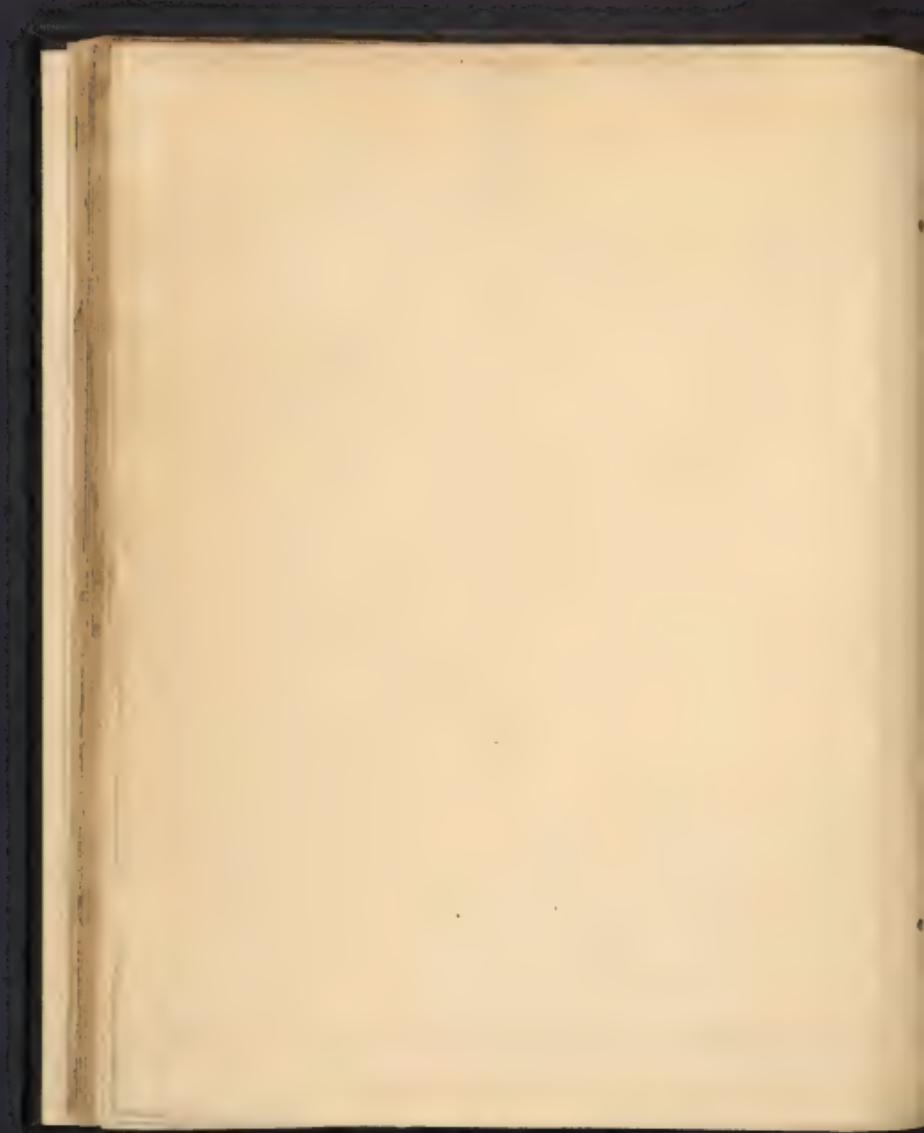
Whenever in this stage of the disease, there was  
any tension and tenderness of the abdomen,  
emetics, or a bag of hot mush were em-  
ployed with much advantage.

When they failed however to render the ab-  
domen soft and relieve the tenderness, a large  
blister was applied which generally quieted  
the inflammation. The vapour bath was used  
with much advantage under these circumstances.



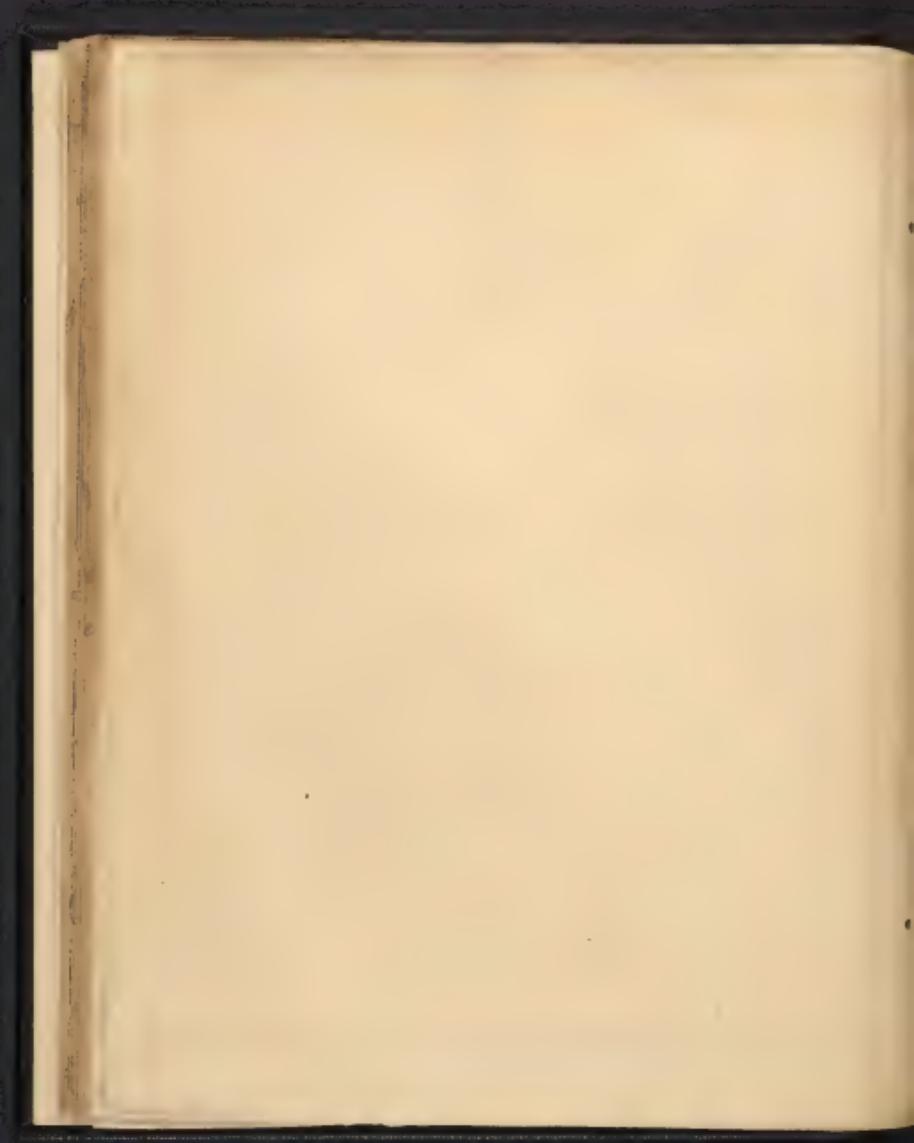
In cases of protracted duration, where there were  
great emaciation and debility, a sulky countenance,  
cold skin, and tenacity and tenacious discharge,  
I applied the flannel collar as recommended by  
Prof. Chaylour. The patients, on whom it was  
applied, were much pleased with the idea,  
but much more so with the relief it afforded  
them. The flannel collar afforded mechanical  
support to the bowels, induced a determination  
to the surface, sustained the natural tempe-  
rature, and gradually subsisted the most  
painful symptoms. I am - pleased after  
experience as a preventive of relapse.

There were some local symptoms, which, from the  
torment they occasioned required particular  
attention to, Torment and Tumour  
They existed in a greater or less degree throughout  
every stage of the disease, but, particularly in the  
last, when the exanthemata had descended  
to the nation. The swelling was sometimes



administered by the following preparation. *B.C. viii. 45*  
One table spoonful was given every *Gum arabicij*  
*one or two hours.* *Sach. abb. 45*  
A combination of half a grain of *Anchusa; 90xL*  
*opium, with one or two of ipecac,* *Aquaventrisij* &  
sometimes also prevent considerable ulceration of  
the grizing. When we had reasons to suppose  
that termina and tenasus depended on an ulcer,  
or erosion of the venous coat of the rectum, we intro-  
duced a ball of soft opium, or a bit of raw cotton,  
wetted with laudanum.

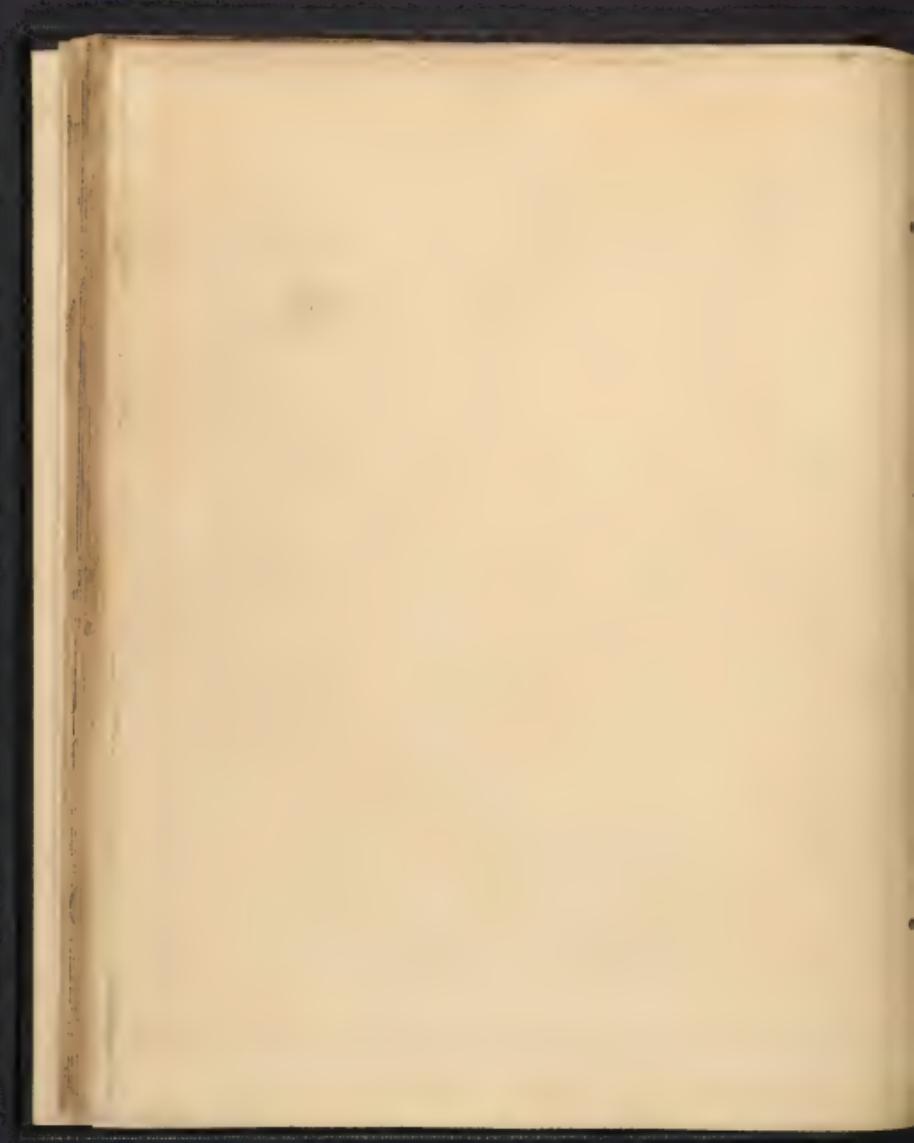
But above every remedy should stand for the cure  
of leucorrhœa, *Istoman* ~~shall~~ <sup>shall</sup> part of fresh melted  
butter injected every hour or three hours.  
In default of the butter, we employed the same  
quantity of recently prepared hogs lard.  
Along with the above remedies, liberal quantities of  
demulcent ointments were prescribed to allay in some  
degree the irritability, and afford something to  
be discharged.



Bairley or rice water, & mucilage of Linseed &c were generally directed, but what I preferred to all other drinks, is the infusion of the bark of the Elmus subia, taken in considerable quantities.

The *Elmus subia* grows abundantly in the neighbourhood where I reside, and I recollect to have seen it employed with much utility by the common people in some cases of fevers and ophthalmias. These considerations, in conjunction with those which Sign'r Chapman gives the article in his *Therapeutics*, determined me to give it a trial in dysentery, and really I can state with confidence, that all of my patients who drank it freely suffered less griping and straining, and recovered more speedily and completely, than those who did not take it.

When they first began to drink it, they complained of an unpleasant taste, but after taking it, had soon suffered it to all other drinks. The diet was chiefly constituted of tea, sugar

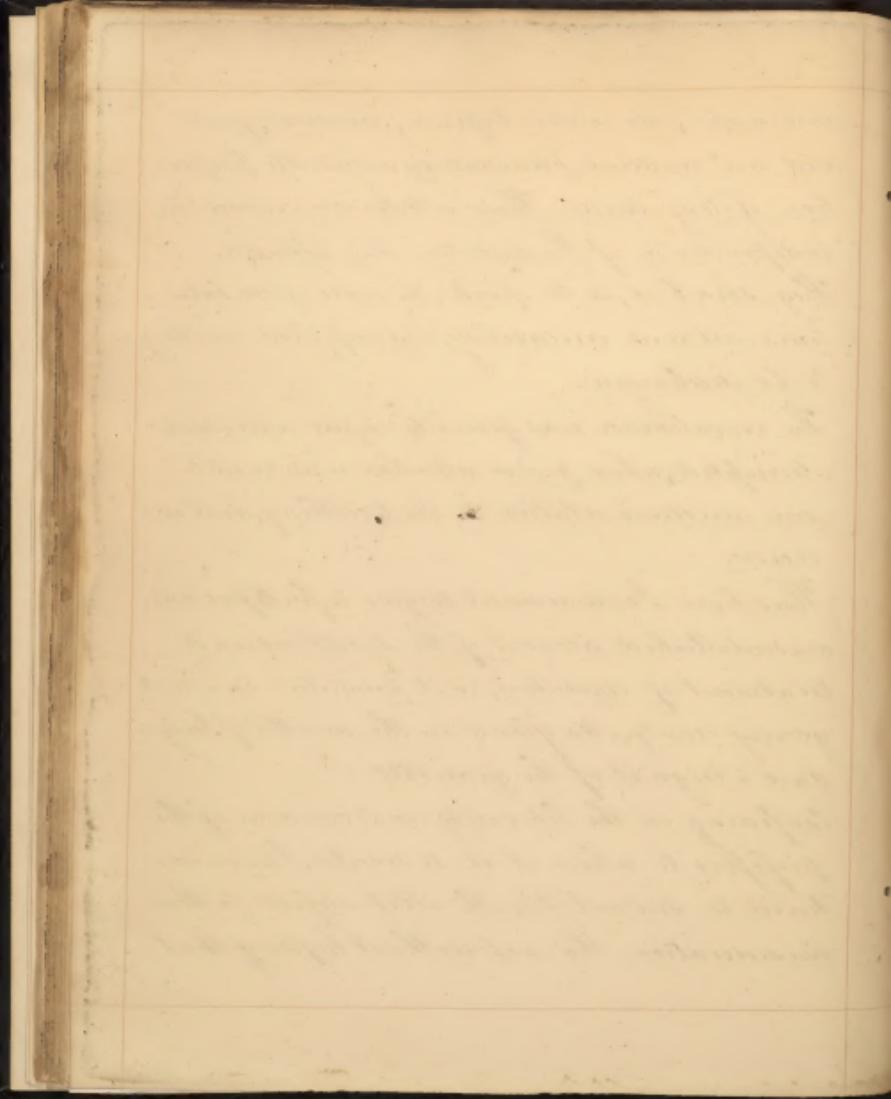


and waldo, rice water, tapioca, arrowroot, gruel and rice rendered pleasant by a suitable proportion of loaf sugar. These articles were serviceable independently of the nutrition they afforded. They smoothed, so to speak, the coats of the intestines, allayed irritability, and supplied something to be discharged.

The convalescence was generally rapid and uninterrupted, when proper attention was paid to our directions relative to diet, clothing, and exercise.

Thus have I endeavoured to give a faithful and unembellished account of the symptoms and treatment of dysentery, as it prevailed in Montgomery county, Maryland in the months of July and August of the year 1870.

Confiding in the liberality and candour of the professed to whom it is dedicated, I have ventured to submit it with all its defects to their consideration tho' not without hoping that



it might frouge any society of criticism while reti-  
ring from the scrutinizing eye of justice at length  
find an asylum in the liberality of enlightened  
minds.

In concluding my Thesis, however, I should do an  
act of injustice to my feelings, were I to neglect  
this opportunity of returning my sincere and  
grateful thanks to the Professors for their zeal  
and exertions to promote my acquirements  
and usefulness in Medicine.

